## **Boone County Schools**

2021-2022 Student Transportation Form

School:	School Code:	T Code	School Year:
Gender: Grade: Student ID:			Teacher:
Student Name:			D.O.B
CIRCLE ONE: K=ALL DAY	KA=AM KIN	DERGARDEN	KP= PM KINDERGARDEN
All students will be routed to the	neir home addre	ess unless an a	alternative address is provided.
Home Address:			
City/State/Zip:			
Parent/Guardian:	Phone:		
Parent/Guardian:	Phone:		
BUS TRANSPORTATION TO	FROM SCHOOL (FOO & FROM SCHOOL)  PICKUP & D  are permitted (  **NO ALTERN  PROP-OFF LOCAT  provide the following services are services	PM) ONLY POL (AM&PM) * PROP OFF LOONLY 1 AM and ATE DAYS** HON NEEDED (Mange)	d 1 PM Drop Off and Pick Up  Iust be inside school boundaries)
Leave this area blank if being t	transported to h	ome address	or no transportation is needed.
	nt Transport ompleted by		
PM Drop-off Information: Bus #Stop Lo			
Car Rider Number	_ Daycare Na	ame and Ass	signed #